

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> City of San Jose <b>Division, Department, or Region (if applicable)</b> Office of the City Attorney <b>Designated Agency Contact (Name, Title)</b> Kim Jackson, Legal Services Administrator <b>Area Code/Phone Number</b> <b>E-mail</b> 408-535-1933      Kim.Jackson@sanjoseca.gov		Date Stamp  California Form <b>802</b> For Official Use Only <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)
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**2. Function or Event Information**

Does the agency have a ticket policy?      Yes ☒ No ☐      Face Value of Each Ticket/Pass \$ 194

Event Description: Stars on Ice      Date(s) 05 / 13 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?      Yes ☒ No ☐      If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?      Yes ☐ No ☒      If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Ferrera, Arti	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee recognition
Todorov, Vera	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Employee recognition
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

 Signature of Agency Head or Designee	Kim Jackson Print Name	Legal Services Administrator Title	05/14/18 (month, day, year)
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Comment: \_\_\_\_\_